

dental management

NOVEMBER 1961

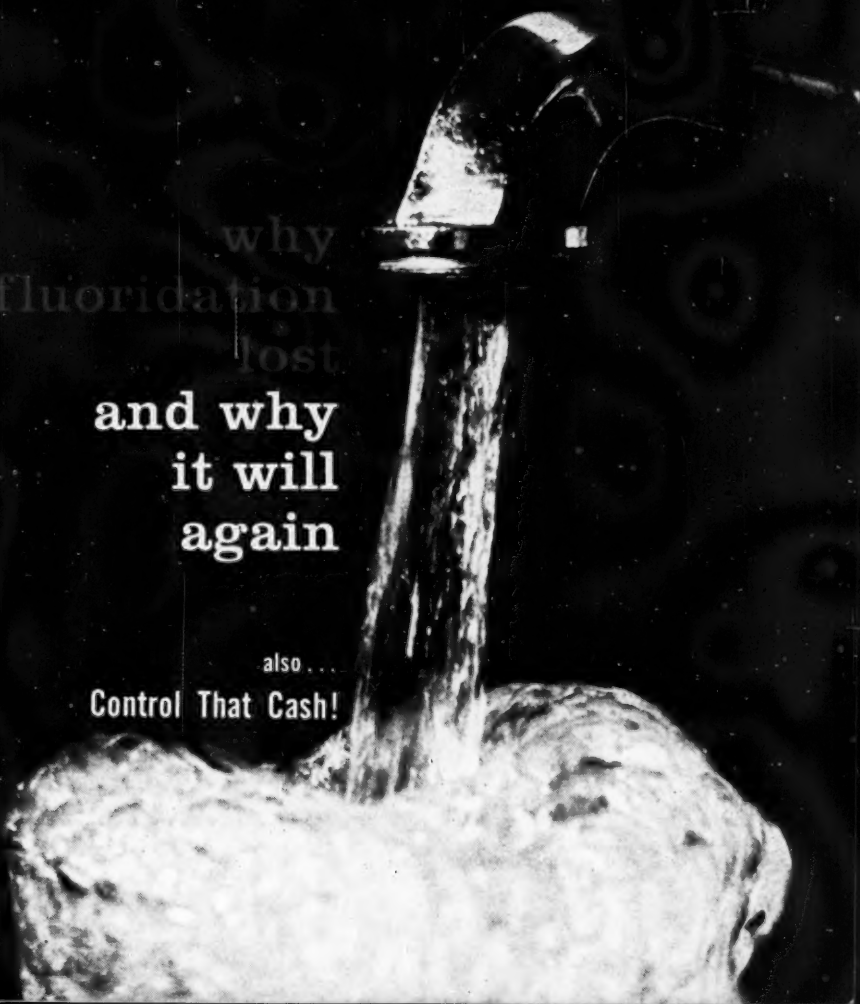
THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS

why
fluoridation
lost

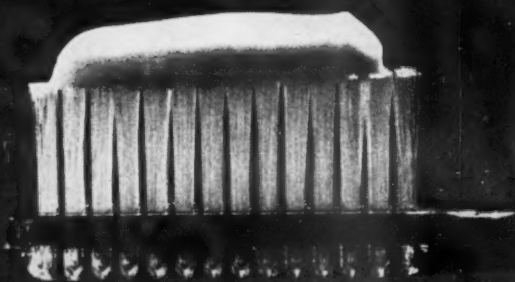
and why
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again

also . . .

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1. Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956. 2. Abel, I.: Oral Surg. 11:491 (May) 1958. 3. Toto, F. D., *et al.*: J. Periodontology 29:192 (July) 1958. 4. Burman, L. R., and Goldstein, A.: J. Periodontology 32:257 (July) 1961.

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YOU... and the News



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Before you mop up the damage left by recent storms, walk around with a camera and click off the dismal scenery. The pictures will help establish your tax deduction for the casualty. On big losses, it's best to get an appraiser's before-and-after estimate. And pick up a copy of the new I.R.S. booklet, No. 5174, on how to claim casualty losses. It's available at any Revenue office.

Out of every dollar your patients spent for health care last year, 10 cents went to you. That's a penny less than in 1959, according to new Commerce Dept. figures. The physicians' share of the health dollar was 25 cents, the same as it's been since 1955.

"Complete success" is the word for the Dentists' Supply Company dental insurance plan, says President Henry M. Thornton. Claims jumped 87 per cent in the second year,

YOU . . . AND THE NEWS

he reports, but the total cost of services increased only 33 per cent. Only twenty-one people claimed the \$300 maximum under the plan, compared to thirty-two the year before. "This tends to refute the long-held theory," says Thornton, "that a program of this nature would be flooded with maximum payment claims."

Winter time is bargain time if you have a yen to travel. Steamship lines are offering rates as much as 20 per cent below standard fares, even lower than that on round-trip excursions. The airlines offer seventeen-day excursion trips that cost as little as half the usual rate. On a combination air-sea trip, you'll save 10 per cent.

Easy profits in newly listed stocks? The broader market and higher prestige of a N. Y. Stock Exchange listing does help, says analyst Roger E. Spear, but there's no guarantee stocks will shoot up after listing. Of twenty-one stocks newly listed this year, only seven went up afterward; fourteen dropped. "Look at basic stock worth and don't be swayed excessively by split prospects or Big Board listing," Spear says.

Inflation ahead! Not right away, most economists say, but it's likely to come later next year. The business boom, the foreign situation, a big Federal deficit, and rising wage rates will all help push prices upward. "Unless emergency controls are instituted," says Standard & Poor's, "some price rises appear inevitable." Better keep the threat in mind in your investment planning.

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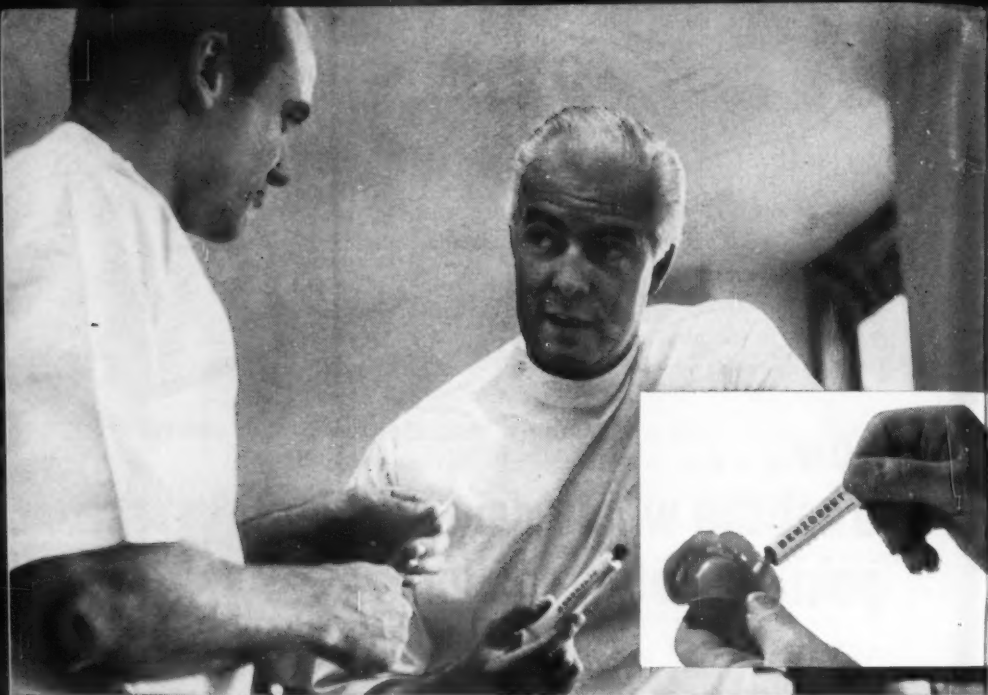
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3. Irby, W.B., and Baldwin, K.H.: *Dental Survey* 34:1456 (Nov.) 1958.
4. Shore, N.A.: *J. Prosthetic Dentistry* 10:366 (March-Apr.) 1960.

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THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS

Vol. 1, No. 11

November 1961

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The best-laid estate plans oft go astray. Here's the story of one dentist who found this out the hard way

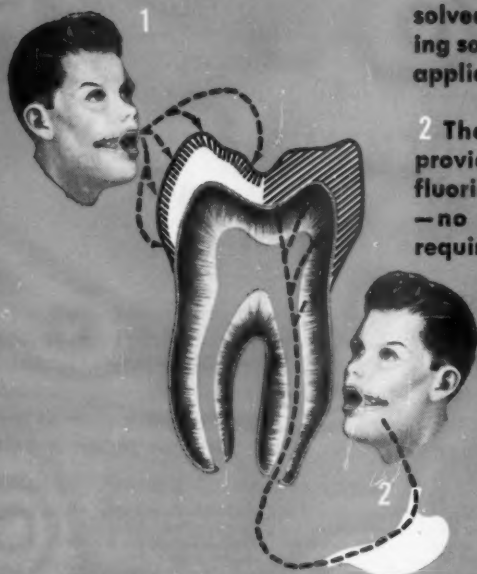
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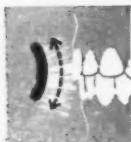
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*Clinical Research Notes, Vol. IV, No. 2, 1961

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THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS, NOVEMBER 1961

The Publisher's

VIEW

Declaration of Independence

Months before you received this issue of DENTAL MANAGEMENT, the articles in it were circulated among dozens of different people. The investment pieces were seen by eminent investment authorities, the insurance articles by insurance experts, and the practice management pieces were reviewed by practicing dentists and practice management consultants to the dental profession.

The comments and suggestions of all those people are just one of the ways DENTAL MANAGEMENT checks and verifies the information it contains. We're happy to have those responses. But once in a while, we receive a reaction we're not happy about.

The precise words vary, but they always add up to the same blunt message: "Don't print that article!"

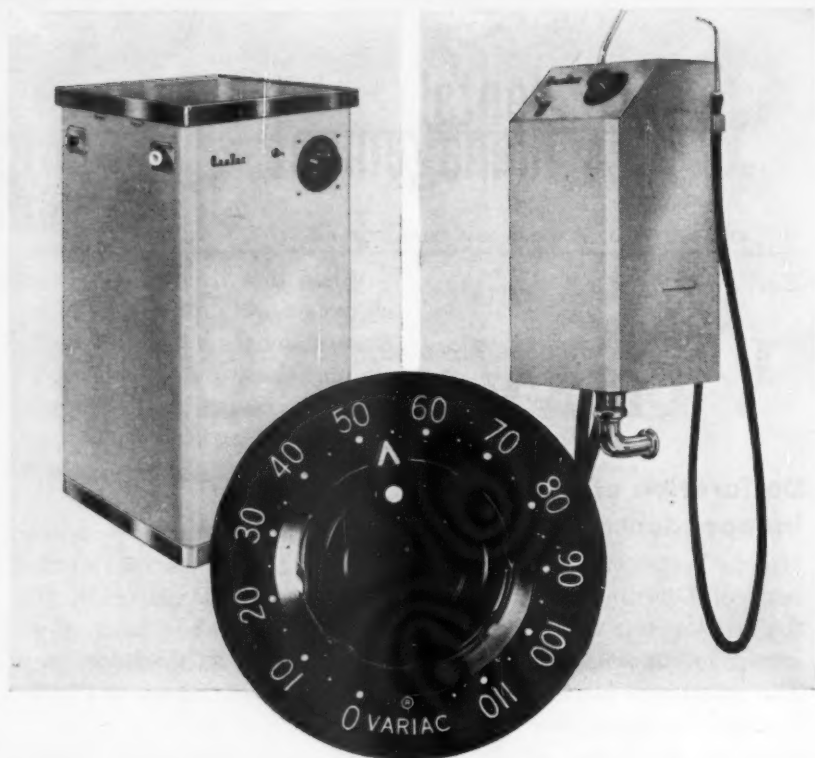
When that happens, we start all over again on the article, re-researching the facts and re-examining the words. More important, we re-examine the motive behind the article—what function it was designed to serve in the magazine.

By what criteria do we decide whether to publish the article? The standard is simple: if the article is in the best interests of our 90,000 dentist-readers and the facts are correct, it's published.

On one occasion so far, we decided not to print an article; it didn't measure up to that standard. But in the other cases, the articles were published as originally written, though we knew some people would be hurt and offended by them.

We don't like to offend people, and try not to. But once in a while we must. We can't withhold information of valid interest and concern to the majority, just because a minority wishes it suppressed.

That's the meaning of editorial independence. It's the meaning of simple honesty. **END**



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THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS, NOVEMBER 1961

THE RISKS YOU RUN WITH HYPNOSIS

Properly used, hypnotism has an important place in dentistry. But medico-legal experts are worried about the liability questions it raises

BY ROBERT ZACKS

HYPNOTISM isn't black magic or experimental therapy any longer. It's a recognized and approved tool of dental practice. Many universities and state societies now sponsor courses in the subject.

Encouraged by reports of pain-free, worry-free dental treatment, thousands of dentists have taken this training in hypnotism in recent years. "More dental patients than ever before are asking dentists for hypnosis treatments," reports Dr. Howard

Marcus, President of the New York Society for Clinical and Experimental Hypnosis.

Yet, hypnotism is far from being just another anesthetic or analgesic you can use at will in place of chemical agents. It has some special dangers all its own, and both legal and insurance authorities are frankly worried at the questions it raises.

Paradoxically, the very ease of learning hypnotism is its most dangerous aspect. "It is generally agreed that any alert dentist

RISKS YOU RUN WITH HYPNOSIS

can learn how to hypnotize in fifteen to thirty minutes," says San Francisco dentist Sidney Epstein, in his study, *Hypnosis: Its Clinical Usefulness*: "What is more important and seldom stressed is that it takes months or even years of closely supervised study to know whom and when to hypnotize."

Recently, for instance, a Philadelphia dentist treated a woman who was a persistent nail biter. The habit was so serious that it actually interfered with the dentist's work. He hypnotized her and planted a post-hypnotic suggestion.

"When you wake up, you'll feel no need to bite your nails any more," he instructed the patient.

The next day a frantic call came from the woman's husband. She'd been wildly restless all day and, to his horror, had suddenly seized a kitchen knife and tried to slash her wrists. A psychiatrist, hastily called, understood immediately that the subconscious causes of the original nail biting were seeking another, more violent outlet. He quickly re-hypnotized her, removed the post-hypnotic suggestion, and freed her to go back

to the less harmful outlet of nail biting.

Afterward, the dentist's lawyer asked him where he'd learned hypnosis. The answer made him turn pale.

"It was a mail-order course," said the dentist. "Really, it's easy to hypnotize somebody," he added defensively. "You can learn it in one day."

Incredible? Listen to Dr. S. Irwin Shaw, Secretary of the American Board of Hypnosis in Dentistry: "Many dentists have taught themselves or have been taught by entertainers and other unqualified users of hypnosis. They are not recognized professionally as qualified hypnodontists."

All of this raises a couple of nasty questions. What happens if anything goes wrong while a dentist practices hypnosis on a patient? Would his professional liability policy cover him? For legal safety, how much training in hypnosis should he have?

The answer was given to me by the National Bureau of Casualty Underwriters.

For the moment, you're protected against suit no matter how much—or how little—training in hypnosis you have. "Sub-

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RISKS YOU RUN WITH HYPNOSIS

ject to the regular terms and conditions of the policy", the Bureau said, "a physician, surgeon or dentist is covered for liability arising out of the use of hypnosis in his profession."

However, Richard Elliott, manager of the Bureau's General Liability Division, warned me that the insurance industry has recently become aware of the possibility that dentists practicing hypnosis without proper qualification could lead to vast damage judgments. It intends to keep a close eye on the situation.

If the frequency or severity of claims arising out of the use of hypnosis in the dental profession increases substantially, says Mr. Elliott, the insurance companies may find it necessary to do either one of two things: exclude coverage for such claims, or charge an additional premium to those dentists who use hypnosis in their practices.

There are two things for you to bear in mind right now, to protect yourself financially if you have been or are considering using hypnosis in your practice.

First, whether you are considered qualified or not to use hypnosis, you are probably protected, provided you restrict it to

your profession. (Make absolutely sure of this by checking with your insurance broker.)

Second, if you fail to restrict its use to your practice, you will not be protected by your professional liability insurance even if you are a world authority on hypnosis.

One Los Angeles dentist made that error. He learned that a middle-aged patient was intensely worried about the declining state of his business. Wanting to be helpful, the dentist said, "Look, I'll teach you self-hypnosis. Put yourself in a trance whenever you get too upset."

Becomes Addict

So effectively did this businessman learn self-hypnosis that he became an addict, used it more and more often, and finally sank so deeply into a fantasy world that it took long psychiatric treatment to cure him.

This use of hypnosis is not covered by your professional liability policy. Neither is hypnosis performed at social functions.

As for the future, it's entirely possible—even likely—that professional liability policies will be altered to protect dentists only



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RISKS YOU RUN WITH HYPNOSIS

if they are properly qualified to use hypnotism. What constitutes proper qualification?

In the eyes of the dental profession, the courses given by dental societies and universities are adequate. "About 3,500 to 5,000 dentists have had such training from physicians, dentists and psychologists who are recognized teachers in the field," estimates Dr. Shaw. Presumably, none of the other 85,000 practicing dentists should attempt hypnosis.

But even dentists who have had some recognized training in hypnosis may be vulnerable to attack by a malpractice attorney.

He could mention the fact that most dental society and college courses range from a few hours of classroom instruction and reading to about three days of study. The attorney could then compare this training in hypnosis to the requirements for certification set up by the American Board of Hypnosis in Dentistry, which include: a minimum of forty hours of background instruction in hypnosis; a minimum of five years documented experience in clinical hypnosis applied to dentistry.

As of this writing only fifty-five dentists in the entire nation who have met those require-

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ments have been registered with the Board.

Although the other 5,000 dentists who have taken the brief courses given by local dental societies and colleges may be considered competent to use hypnosis by the dental profession itself, a jury swayed by a malpractice lawyer, backed by the testimony of psychiatrists as to the dangers and complexities of hypnosis, might not agree.

Already this fact is looming menacingly to authorities in the field of hypnosis. Dr. Harold Rosen, chairman of the Committee on Hypnotism of the American Medical Association, recently warned that doctors faced with malpractice suits over hypnotic treatment may not be able to establish competence on the basis of a three-day course. Two such suits, involving "astronomical sums," are already under way, he said.

Dr. Rosen's strong feelings about the dangers of hypnotism in dentistry were delivered before the 1956 annual meeting of the American Dental Association. Said he at that time: "No dentist would administer nitrous oxide without knowing, not only its potentialities and value, but

its contra-indications as well. . . . But a fairly large number of dentists make use of hypnosis as an analgesic or anesthetic, with some knowledge of its potentialities but with no knowledge of its dangers—and some of them have found themselves precipitated into rather serious trouble.

"Suicidal depressions have come to the fore, emergency psychiatric consultation has had to be arranged even from the dentist's office, and psychiatrists have occasionally had to take care of overt psychotic reactions that had been unleashed by inept or untrained handling. . . ."

That was said five years ago. "As a result of additional clinical experience since then," Dr. Rosen told me, "I would express myself much more strongly at present."

There has been equally strong disagreement with Dr. Rosen's warnings, particularly by the American Society of Clinical Hypnosis. "If proper precautions and considerations are observed," says Dr. Lawrence Milton Staples, a dentist-member of the Society, "the use of hypnosis in therapy . . . carries no more

(Continued on page 52)

Why Fluoridation Lost . . .



And Why It Will Again

*Fluoridation is in serious trouble.
Here's why, and what you can do about it.*

BY DAVID KELLNER

ABOUT ten miles east of where I live lies the pleasant little Boston suburb of Wellesley, Massachusetts. It's the home of Wellesley College, and the bedroom for many of Boston's leading educators, scientists, and businessmen. You can't hardly find a town with more brains, cash, and culture per square head. Yet, last March the citizens of Wellesley trooped to the polls, in record numbers for a town election, and defeated a referendum on fluoridation.

Defeated? That doesn't quite describe what happened. The

vote was a stinging two to one against, the third time the measure had been licked there in the last eight years. And for a third time, the town voted "no-confidence" in its dentists.

Wellesley is not unique. Most local jurisdictions can institute fluoridation without public referendum. But where the issue has been put to a vote in recent years, the results have been dismal. During 1960, sixty-four communities voted on fluoridation; twenty-four in favor, forty against. By mid-1961, thirty-six more communities had voted;

The author is a practice management consultant associated with the Kellner System, Newton Highlands, Mass.

WHY FLUORIDATION LOST . . .

twelve in favor, twenty-four against.

"Millions of our nation's children are being needlessly denied the benefits—now and in later years—of healthy teeth," said Arthur S. Fleming in a recent national magazine article. "No more tragic—or inexcusable—situation was called to my attention during the two and one-half years I served as Secretary

of Health, Education and Welfare."

To find out why this is happening, I spoke to the leaders of the fight for fluoridation in Wellesley, leaders of the opposition, and to scores of citizens who'd voted on either side of the question. I singled out Wellesley for three reasons: (1) the fight there was typical of that in dozens of other communities, (2)



"You have gingivitis among other things. I want you to get lots of orange juice, so switch from Martinis to screwdrivers."

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WHY FLUORIDATION LOST . . .

the vote achieved national prominence when it was written up by one of the big news magazines,* and (3) I live right outside of the town and watched the fight develop.

Within the space of a few weeks, I saw a quiet, tweedy community turn into a nest of suspicion and mistrust. I watched old friends denounce one another in public. I saw wounds opened that even now, nine months later, have not yet healed. I saw an entire town duped by the merchants of fear. And I also saw the community's dentists do little to prevent it.

Opponents Identified

Who was the opposition to fluoridation? The identical groups that have appeared in other communities:

1. *The food faddists.* These are the people who have made a career of fighting fluoridation when and where it appears. It includes the health food promoters, the pamphlet writers, the people who have a direct monetary interest in campaigning against fluoridation. In Wellesley, this faction was led by a

man now under Federal indictment on charges of misbranding the health foods he sells.

2. *The arch-conservatives.* In this group are the people who see a Communist plot in every public health measure, in fact, in almost every government activity. These are the people who have opposed vaccination and pasteurization of milk.

Many in this category are sincere, dedicated people, who feel that fluoridation would violate their individual liberties and rights. Others border on the lunatic and crackpot fringe.

3. *The religious objectors.* Some citizens did object to fluoridation on religious grounds, though all the major churches in town, with the exception of the Christian Scientists, had stated that there is no moral issue involved.

4. *The doctors.* In almost every town, there's a small minority of dentists and physicians who sincerely feel that fluoridation has not yet proven itself or that it violates individual liberties. Though few in number, this group is the most damaging of all. In Wellesley, for example, the former head of the Depart-

* Time Magazine, March 24, 1961

FOR ORAL



INFECTIONS



THE EXTRA ACTIVE BROAD- SPECTRUM ANTIBIOTIC

DECLOMYCIN Demethylchlortetracycline is an improved antibiotic related to **AUREOMYCIN®** Chlortetracycline and **ACHROMYCIN®** Tetracycline. It is derived from a mutant strain of *Streptomyces aureofaciens*, source of all three antibiotics.

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DECLOMYCIN provides good control of common pathogens and inhibits many strains of bacteria—including several "problem pathogens" which may be found in dental infections. Such conditions are: dento-alveolar abscess, sub-maxillary cellulitis, postextraction infection, bacterial infection secondary to gingivitis, periodontitis or Vincent's angina.


DECLOMYCIN is unusual because it maintains activity for 24 to 48 hours after the last dose. This "extra" activity protects against resurgence of the primary infection, possible spread into the blood system and secondary complications.

"Extra active" **DECLOMYCIN** another reason for choosing oral broad-spectrum therapy in dental practice.

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DEMETHYLCHLORTETRACYCLINE **LEDERLE**

Request complete information on indications, dosage, precautions and contraindications from Medical Advisory Department

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WHY FLUORIDATION LOST . . .

ment of Health took a public stand against fluoridation.

"All these groups have one thing in common," says Ronald B. Edgerton, Ph.D., leader of the Wellesley Citizens Committee for Dental Health. "They're thinking primarily of themselves — 'my health, my rights.' They ignore what's good for the children and for the community as a whole. And their campaign target is the others in town who also don't stand to gain personally from fluoridation."

Target: Oldsters

By and large, that target is the older people. Fluoridation can do little for them, and generally their children are also too old to benefit from it. And, as a general rule, the older people are more fearful about their health, and more amenable to negative suggestion.

The campaign against fluoridation was admirably organized and admirably financed. How and by whom I do not know. I report only the results:

Item: At each public meeting on fluoridation in the state, the same blind man arose to ask the same question: "If the water is fluoridated, who will pay me for

the bottled water I must buy?" The same pregnant woman said that fluoridation would cause her to lose her baby. The same person got up to say that his sister had broken her hip after her local water was fluoridated. Another woman said she was allergic to paint, and was sure she'd be allergic to fluorides.

Item: The same pat phrases were repeated over and over: Rat poison. Mass medication. Communist plot.

Item: Full-page advertisements appeared in the local newspapers; leaflets were sent to every home.

Item: A powerful letter-writing campaign was instituted. And someone put up the money to have page after page of the letters reproduced in paid advertisements in the local newspaper. Typical sample: "I went on a buying spree to see how sodium fluoride was sold. I was asked if I wanted the regular rat poison grade, or the refined quality."

Item: Loads of elderly people were brought to the polls in station wagons. Who provided the transportation?

In contrast, pro-fluoridation forces lacked the cash, lacked

the organization, and lacked the public relations technique. By its very nature, fluoridation is hard to sell. The problems:

1. *The seeds of doubt are easy to sow; hard to dispel.* "First they say fluoridation causes flat feet," says Dr. Edgerton. "When we answer that, they say fluoridation causes hardening of the arteries. And so on. We can go on forever, answering one objection after another. And the burden of proof is always on us. The average man will vote against any measure he faintly suspects will

injure his personal welfare."

University of Michigan researchers compiled a list of ailments attributed to fluoridation. It fills five pages of closely-packed type, and includes such gems as heart failure, stammering, color blindness, sterility, athlete's foot, poor posture, abortions, stillbirths, and lefthandedness.

2. *Dental disease isn't as dramatic as, say, polio.* "When the Salk vaccine was introduced, people stood in line to get it," says Dr. Edgerton. "But fluorida-

LES-CAV[®] DROPS

sodium fluoride solution

PROTECT HIS
TEETH
THE NATURAL
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That dental decay can be largely prevented by fluoridation of community water supplies is now an established fact. However, water fluoridation is far from a universal practice • Les-Cav makes it possible to provide everyone with the caries-preventive action of sodium fluoride • Easily added to water or fruit juices • 60 cc. bottle with dropper calibrated for accurate dosage.

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WHY FLUORIDATION LOST . . .

tion, though it has far more scientific proof behind it, hasn't been accepted the same way. Nobody walks around with a crutch because he loses a tooth, and nobody drops dead because

of it. Toothaches are all very funny—when they happen to the other man."

3. *Opponents of fluoridation stand to gain from their position; the advocates don't.* "The people

Fluoridation: The Power and the Politics

We cannot escape the fact that fluoridation has been wrested from the hands of the scientist and deposited squarely in the middle of the political arena. Fluoridation is now a political problem. We are striving to reach the minds of men so that they will take political action. A thousand, or ten thousand more experiments will not help. A dozen, ten dozen, or fifty dozen more pronouncements by scientific leaders will not provide the solution. Ten bales, sixty bales, or 60,000 more bales of literature on the subject will not be sufficient to win the contest.

As a historian-observer, standing just outside the pale of the scientific professions, I am aghast at the effectiveness of this vocal minority. It seems incongruous to me that a small, irresponsible, but well-organized group, comprised of a wide assortment of types, with conflicting motivations and several gradations of veracity, can bring three of the most influential and scientific bodies in the land to a stumbling halt.

If I seem harsh in my estimation, it is only because I have examined at close range the futility and ineptness of many proponents. I have seen, and understood, the reluctance of citizens to become embroiled in a vicious hate campaign often unparalleled in the history of the community. I have sympathized with the plight of the local leader who is suddenly confronted with a vast array of lies, distortions, exaggerations, statements hoisted out of context, trickery, deceit, and duplicity. I understand the nature of the public lie and the difficulty of ever catching up with it in the public mind.

But there must come a time in the course of human events when we, as responsible citizens, and you, as scientists and professional men and leaders, must stand up and be counted. We must (and I say this without any ugly connotations) fight fire with fire. We do not have to resort to opposition tactics of warped logic and perversion of fact. We can use truth, with dignity, and we can be positive in our approach.

Donald R. McNeil, Ph.D.
Journal of the American
Dental Association
September, 1961

were suspicious of dentists favoring fluoridation," says one Wellesley dentist. "They could not understand why any dentist would want to cut down the number of cavities."

For all of those reasons, fighting the fluoridation fight is a difficult job. "Dentists are trained to handle patients on a one-to-one basis," says Dr. John W. Hein of the Tufts University Dental School. "Most haven't been trained in the public health concepts of dentistry, and they certainly haven't been trained in the art of public relations and mass media communications."

"Two of my students were sickened at all the anti-fluoridation ads appearing in the local press," Dr. Hein continues. "They chipped in some of their own scarce dollars to buy an ad favoring fluoridation."

"The opponents of fluoridation have spent their lives preparing for these battles; the proponents haven't," says Dr. Hein. "Unless a dentist has really done his homework, he'd better avoid entering public debates on the subject. It's easy to come out of one of those looking mighty foolish."

What did the Wellesley professional men—the dentists and

physicians in particular—do during the campaign? The first time the issue arose, back in 1953, they supported fluoridation almost to a man, reports Dr. Edgerton. And they were willing to say so in public. The second time the issue arose, in 1958, they were more guarded.

"This last time," adds Dr. Edgerton, "almost all the dentists and physicians were still with us but only half would allow their names to be used. And very few actually went out and campaigned for fluoridation. The attitude seemed to be, 'If they don't trust us and believe us, let their teeth rot.'"

Support Wavers

"We prepared a little leaflet favoring fluoridation that dentists could enclose with their monthly statements. Only about half a dozen men were willing to send it out. In effect, the rest said: 'Sweep it under the rug. Run for the storm shelter.'"

If you sincerely do believe in the value of fluoridation, what can you do about it? The Wellesley campaign has taught some valuable lessons.

Few dentists have the time and training to answer the thou-

WHY FLUORIDATION LOST . . .

sand-and-one religious, moral and constitutional objections the anti-fluoridation forces are trained to raise. Even fewer are skilled in public relations or are comfortable in open debate. "But if dentists are comfortable in their own offices and are used to treating patients one by one, that's where and how they should wage the fluoridation fight," says Dr. Melvin Gulbrandsen, a Wellesley dentist who did so.

He sent out a personal letter to all his patients, firmly stating his position and summarizing the mass of scientific evidence favoring fluoridation. "I didn't lose any patients because of it," Dr. Gulbrandsen told me, "but I can't count the hours of chairside time I spent debating fluoridation with patients. I'm sure it was the most effective possible campaigning I could have done."

"If the kids could vote on fluoridation, it'd win hands down," Dr. Gulbrandsen adds. "But they can't; we have to work on the adults."

Said Dr. Philip H. White, then president of the Massachusetts State Dental Society, after the Wellesley defeat:

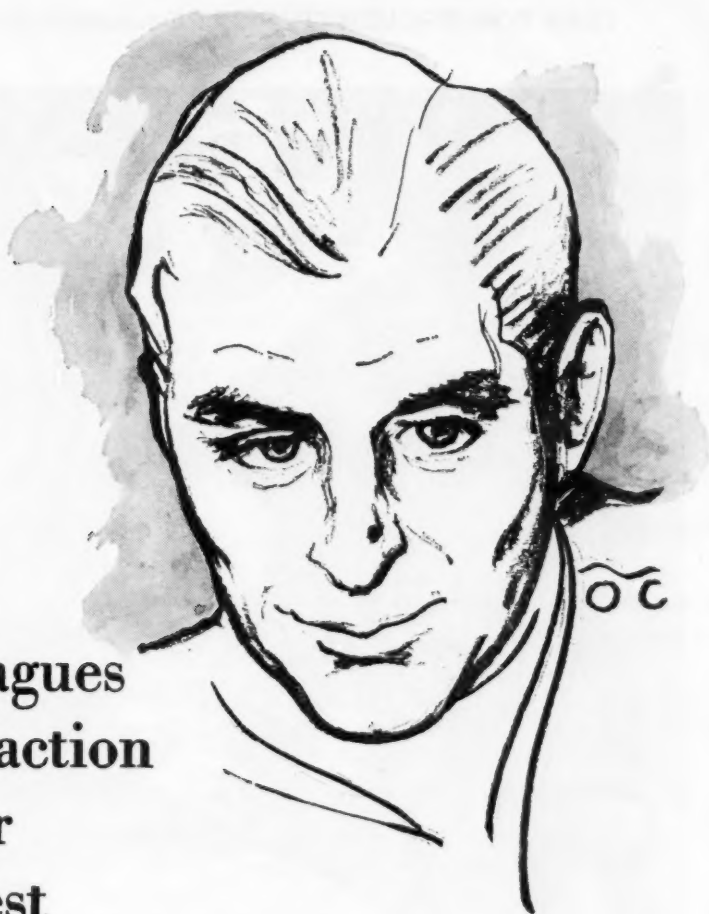
"Obviously, there must be some grave errors in our whole approach and presentation of this subject. We did not educate our patients sufficiently beforehand. Doubts arose. We permitted ourselves to be maneuvered into an untenable defensive position, made to order for fanatics.

"What to do? Talk to every patient in your chair—not just the parents of young children. Older patients and childless ones have votes too. Don't wait for them to question you. It can be that simple." END

Enough!

"We can't have any more babies at my house," my 6-year-old announced to a roomful of company. My wife and I held our breath as we waited for the explanation. "We don't have any more places left in our toothbrush holder."—*Louis L. Binder, D.D.S., Philadelphia, Pa.*

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IDEA FOR PREVENTIVE CARE *Second in a series of ideas gathered*



Posters are available to the profession from the American Dental Association, Bureau of Dental Health Education, Dept. KK, 222 East Superior Street, Chicago

from various sources by the Professional Services Division of Procter & Gamble . . .

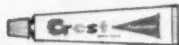
WASH EAT BRUSH



"You've got to show parents how to teach their children good dental habits," a dentist told us recently. "For example, I point out that it's just as easy, and just as important, to teach kids to brush their teeth after meals as it is to wash their hands before they eat. It is the sort of thing that soon can become an ingrained habit, rather than just a good rule that is rarely practiced."

Interesting idea, we think, that owes its effectiveness to its simplicity. And it's doubly interesting because we also learned that the American Dental Association has a poster that can be used in both the dental office and the home to teach the WASH-EAT-BRUSH habit. A miniature of the three-color poster is reproduced at the left in black and white. Note that it tells the story without words, so it's a suitable reminder for children of any age.

You can strengthen the WASH-EAT-BRUSH habit by advising patients to "brush with Crest." Reason: long-term patient cooperation usually is linked directly to the results of preventive care, and Crest helps significantly to improve results. In one clinical study¹, patients who brushed three times daily with Crest had 46% less decay than patients who brushed three times daily with regular toothpaste. Other studies²⁻⁶ showed that Crest reduced caries 21%-49% in unsupervised home use, compared with regular toothpaste.



1. J. Dent. Res., 39:871 (1960) and Peffley, G. (Private Communication). 2. J.A.D.A., 50:163 (1955). 3. J.A.D.A., 51:556 (1955). 4. J.A.D.A., 55:196 (1957). 5. J.A.D.A., 58:43 (1959). 6. J. Dent. Res., 39:955 (1960).

Large office posters (12" x 16 1/2") cost 25¢, including postage; small home posters (3" x 4") are shipped for \$2.25 per hundred. Please order directly from the Bureau of Dental Health Education.



Washington Spotlight

Be slow to incorporate your dental practice, says management consultant Clayton L. Scroggins. These corporations, now permitted by several states, offer important tax advantages to high-bracket dentists and physicians. But, warns Scroggins, you'd better get an advance OK from the I.R.S. The Service has been swamped with requests for rulings, and so far it's been sitting on them.

Congress left your tax rates alone this year—but the states got in their licks. At least fifteen states will be collecting more money by the end of the year, with higher tobacco, gasoline, and sales taxes the favored devices. State expenses and collections have increased even faster than Federal in recent years. Future prospects: more of the same.

You've waited long enough for last April's refund claim. All claims filed on 1960 income have been processed by this time. If you haven't received your money or an acknowledgement, something has gone awry. Write to the District I.R.S. office where you filed.

The Administration's Social Security health care plan for the aged won't rest quietly until Congress reconvenes. To drum up public support, the Senate Committee on Aging plans off-session hearings in some twenty-four cities.



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WASHINGTON SPOTLIGHT

Polls run by Republican Congressmen in California, Pennsylvania, and New Jersey show that the bill already has a majority of people behind it.

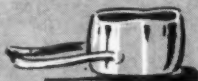
Nearly 97 per cent of all solo dentists showed a profit on their 1958 returns, the I.R.S. reports. Only about 95 per cent of the physicians ran in the black. The average solo dentist showed a net profit of \$10,670 on the '58 return.

The new "plain talk" two-page Form 1040 you'll get to report 1961 income is just the beginning of your tax troubles. It's only a summary of your major transactions. You may wind up attaching half a dozen or more separate schedules to support income and deductions.

Are you turning away patients because your present laboratory does *not* make *children's fixed and removable appliances*?

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- ☐ Arch Expanders
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Dr.

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*The best-laid estate plans oft go astray.
Here's the story of one man who thought that . . .*

'Nothing Much Has Happened'

BY SOLOMON HUBER

TEN years ago, Dr. J. miraculously escaped death in an auto accident. Two of the occupants in the other car were killed. A policeman on the scene told Dr. J. that by all counts he should have been number three.

This close confrontation with his own mortality stirred Dr. J. into taking some steps he had long postponed. He saw his attorney and had his will drawn. He bought some needed life insurance. And then he fixed the long-broken lock on his bathroom door.

(The lock had nothing to do with the doctor's estate plans, of

course, but it shows you the kind of mood he was in.)

The passing years have dulled Dr. J.'s memory of that terrible auto accident. And, though prodded occasionally by his lawyer and insurance man, he hasn't reviewed his will or his insurance program. He's either too busy working or too busy relaxing. Besides, he told me, "Nothing much has happened in the last ten years to change my original estate plan."

Nothing much has happened? After a fifteen-minute conversation with Dr. J., I dug up quite a list:

The author, a general agent of the Mutual Benefit Life Insurance Company, heads his own estate planning firm in New York City. He is editor of *The Estate Planners Quarterly*, and frequently writes and lectures on the subject.

'NOTHING MUCH HAS HAPPENED'

- A second and third child had been born to him.
- There had been drastic changes in the Federal tax and Social Security laws.
- Inflation had cut the value of the dollar, and outmoded all his old estate plans.
- His first child had suffered an injury which will probably require some special attention for the rest of his life.
- The doctor's mother had died. She is still named in his will, and is the beneficiary of a small life insurance policy the doctor owns.
- He had allowed his National Service Life Insurance policy to lapse.
- College costs had more than doubled over the period.
- He had bought a house.
- He had been in and out of the stock market several times, and had disposed of some blue chip stocks bequeathed in his will to his wife.



"I would never have known
they were false!"

• He had borrowed on a life insurance policy, but had not repaid the loan.

• He had started a joint savings account with his wife.

• A friend of the doctor, named as executor in his will, had moved to another part of the country.

• He had inherited a valuable stamp collection from a favorite uncle.

• His annual income (and income tax bracket) had risen appreciably.

(I noticed, too, that the lock on Dr. J.'s bathroom door was broken again. But the doctor didn't quite see the symbolism of that.)

These, then, were only *some* of the events in Dr. J.'s life since the time, ten years before, that death had nodded to him on the highway. And each and every one of them calls for some change in the doctor's estate plan.

I don't know of any man who, reviewing a decade of his life, couldn't come up with a much longer list of changes. And I don't know of any man that couldn't benefit by a periodic review of his financial and estate plans.

END

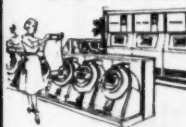
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ALD has helped establish over 13,000 successful, coin-operated Westinghouse Laundromat® equipped stores. ALD can help you get into the coin-operated drycleaning business quickly, easily and with modest investment. No previous experience is required for success in this simple, new, do-it-yourself business.

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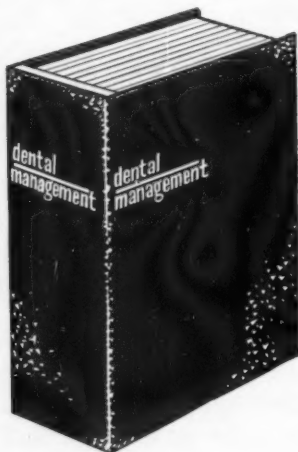
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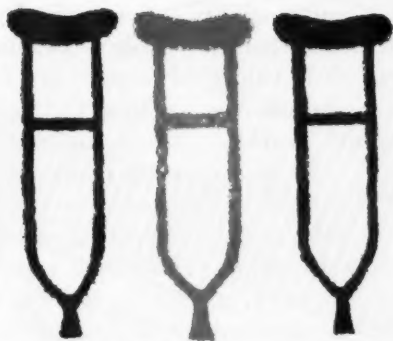


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Your Best Buy In Health Insurance

Most of the old abuses have now ended. But finding the right policy is still a tricky business

BY ARNOLD GEIER

DR. BENSON never knew what hit him. All he could remember was the blinding glare of approaching headlights, the noise, and the sickening crunch of metal against tree.

It was going to be a restful week-end of fishing, swimming, and just loafing. Now, Dr. Benson was in for a longer "rest" than he had bargained for. Multiple fractures of arms and hips seem to take forever to heal.

When it is all over, will he be

able to resume his practice? How long will his money hold out? Mortgage payments must be met. The family will continue to need food and clothing. Taxes are due. The automobile and homeowners policy is coming up for renewal. And the office rent and installments on the new equipment must be paid.

Dr. Benson knew he could carry on for a while. During his fifteen years in practice he had been able to save some money

The author, an independent underwriter in Miami, Fla., frequently writes and lectures about health and life insurance.

YOUR BEST BUY IN HEALTH INSURANCE

for a rainy day. Now it was pouring. His savings account, equities in stocks and bonds, home, and life insurance cash values would be devoured within one year. Then—*economic death!*

Not Fiction

Scare fiction? Not really, though Dr. Benson is a fictitious character. Each year his story, or something like it, is repeated thousands of times. One authoritative medical dictionary takes more than 1,300 pages to list the major and minor ailments that attack the human body. The possible causes of accident are too numerous to be classified.

As a dentist, you're more vulnerable to disability than almost any other professional man. An arm, back, or leg injury that would merely inconvenience a businessman might put you completely out of commission. And unlike a businessman, your income stops abruptly unless you, personally, can unlock the door to your office and go to work. That is why most insurance authorities rate a good disability income policy—providing cash to replace lost earnings—as one of the most important forms of protection a dentist can buy. It's also

one of the most difficult to find.

Seven years ago, the Federal Trade Commission brought charges of false advertising against forty-one of the largest health insurance companies. The cases made the newspaper headlines all over the country. Today, the situation has improved. The insurance companies are busily trying to clear their own house and the day of the "red bull"* contracts is nearly over.

But buying a disability income policy is still much trickier than getting, say, a life or fire policy. Each company has its own benefit schedules, definitions, provisions, restrictions, and little "saver" clauses to protect itself. And, it's axiomatic that the more an insurance company protects itself the less it protects *you*.

What to Look For

What should you look for in buying a disability income policy? There are seven critical features:

1. *The cancellation clause.* Your policy should be non-cancellable at a guaranteed premium rate at least until age 65.

* So-called because they'd pay off "only if you were gored by a red bull at high noon on Main Street."



LEADING PERIODONTISTS AGREE

that local irritation caused by food residues in areas not ordinarily reached by the toothbrush are an important contributing factor in periodontal disease . . . Literally thousands of dentists have written us attesting the merits and effectiveness of STIM-U-DENTS in the treatment of these diseases. STIM-U-DENTS are also helpful in the maintenance of optimum gingival health, and are so convenient to use after eating . . .

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DM 11-61

Dr. _____

Please enclose your Professional Card or Letterhead

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YOUR BEST BUY IN HEALTH INSURANCE

Then you own—not rent—your insurance coverage. The insurance company must keep its promise to protect you no matter what happens to your physical condition. Only by not paying premiums can you lose the policy.

Watch out for the policies which contain a phrase such as “renewable at the option of the company.” It adds up to almost the same thing as a cancellable policy. The only difference is that the company must wait until the next renewal date before dropping you, rather than cancelling on the spot.

Do companies actually cancel contracts when a policyholder's health goes bad? In a word, yes. They must pay the claim before them, but if recurrent illnesses are likely, some companies are all too prone to drop the policy.

Non-cancellable policies usually cost more—sometimes a good bit more—than the cancellable variety. But they're worth the difference.

2. *The definition of disability.* This is the heart and soul of your protection. Some policies pay off only if you're unable to engage in any occupation, others if you can't engage in an occupation for which you are reasonably fitted

by training and experience, still others if you're unable to perform the regular duties of your profession.

That last definition is obviously the best. A top-flight policy should insure you *as a dentist*. Under the first definition—inability to engage in *any* occupation—your disability income might be cut off if you could fill any job at all. Under the second, you wouldn't collect if you could fill some related job, such as teaching or dental research.

Best Policies

The best disability policies cover you for five years if you can't practice as a dentist. Then the definition of disability changes to cover if you can't engage in any occupation for which you are reasonably fitted by training and experience. Under such a contract, in effect, you can draw benefits for five years while you're training to fill a related job. And if you can't do that by the end of the time, your benefits continue for an additional period. That's the kind of protection to look for.

3. *Premiums.* The premiums should be guaranteed at the rate levied when you first bought the

policy, just like your ordinary life insurance premiums. Avoid contracts that give the company the right to raise the rates, either for you individually or for all holders of that class of policy.

4. *Coverage.* The policy should cover all illnesses and accidents, regardless of cause, except for such reasonable exclusions as intentional, self-inflicted injuries. What you want and need is blanket protection. But there are two little clauses appearing in some policies that may prevent you from getting it.

The first is the "aggregate" clause, still too frequently found in older disability income policies. Under this provision, there's a limit on the total benefits you can receive for all disabilities during the life of the contract.

Suppose, for example, you buy an "aggregate" policy providing disability income for one year. Then you have a heart attack disabling you for nine months. If you later have a second attack, or any other disability, the most you can collect for is three months. After you've exhausted

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that, your protection is all gone.

A quality policy shouldn't do that. Each seizure should be considered individually. You should get the full protection of the policy for each disability, no matter how often you are stricken.

Second Restriction

The second restrictive clause is the "accidental means" test. A few years ago, a doctor jumped over a fence on a golf course to get at his ball. He fell, hit his elbow against a protruding rock, and fractured the elbow. Yet, his insurance company disclaimed liability. Reason: The *means* by which he was injured was not

accidental. The doctor fully intended to jump over the fence. Under the more usual "accidental bodily injury" clause, that mishap would have been covered.

Few disability income policies sold today contain that "accidental means" test or the aggregate clause. But a decade ago they were common. If you have an old disability policy, better check it over to make sure those provisions aren't in it.

5. *Employment classification.* "As a dentist, you're a first-rate risk," the salesman tells you. "You're entitled to our Triple A classification, the lowest possible rate." But the salesman may not tell you if the policy contains an employment classification provision, whereby your premium rate can be changed if you engage in some other work.

A few years ago, a dentist with such a provision in his policy slipped off a ladder and broke his leg while helping a neighbor paint his house. His disability policy paid off—but only \$200 a month, not the \$600 he thought he had. Reason: He was employed as a "house painter" when he was injured, not as a dentist. And so he was only entitled to the benefits his premiums would

HEARD THIS ONE?

It would be a dull day, indeed, if nothing happened in the office to amuse, or amaze, or even embarrass you. Why not tell DM of the incident or remark? We're always looking for original anecdotes or stories, and for those accepted for publication, DM is glad to send you a check. Mail to DENTAL MANAGEMENT, Ridgeway Center Bldg., Stamford, Conn.

have purchased if he were originally classified as a house painter.

6. Commencement and length of benefits. Most policies give you some choice in deciding how soon after disability your benefits begin, and how long they last. Other things being equal, the sooner benefits begin and the longer they last the higher will be your premiums.

You can have accidental injuries covered from the very first day, with benefits lasting for life. For sickness, there's usually a waiting period ranging from seven to thirty days. Benefits can be short term—two years or less—or they can last five or ten years. A few companies offer sickness benefits to age 65.

Long-term disabilities are, of course, uncommon; if disabled, you're likely to be either dead or recovered after five years. But, considering the crushing economic impact a lengthy disability can have, at least some part of your protection should be long-term.

7. Miscellaneous provisions. In addition to the items listed above, there are several other provisions you should be aware of in your disability income contract. Among them:

- **Waiver of premium.** After a period of disability, usually ninety days, you remain covered without any further payment of premiums. Usually, the premium is waived only as long as you continue to receive benefits. But some policies waive premiums for as long as you remain disabled.

- **Partial benefits.** Many policies offer partial benefits if you're partially disabled. Sometimes that benefit is included in the basic policy at the set premium. In oth-

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ers, it's optional at an additional premium.

• Dismemberment benefits.

Some policies offer lump sum payments for death, loss of limbs, eyes, etc., either as part of the

basic policy or as an optional extra.

• House confinement. Here

benefits are payable only if you remain confined in a hospital or your home. Avoid the provision.

SIXTEEN QUALITY

The following policies are among those that qualify as "top-quality." For sake of uniformity and comparison, coverage shown is for a 35-year-old dentist. In each instance, benefits begin from 1st day of accident-disability and from the 31st day for sickness-disability.

ISSUING COMPANY	LENGTH OF SICKNESS BENEFITS	MAXIMUM MONTHLY INCOME OBTAINABLE
Mass. Indemnity & Life Insurance Co., Boston, Mass.	10 years to age 65	\$500.00 250.00
Security Mutual of New York Binghamton, N.Y.	10 years to age 65	500.00 500.00
Berkshire Life, Pittsfield, Mass.	10 years to age 65	700.00 700.00
Union Mutual, Portland, Maine	10 years to age 65	500.00 500.00
Continental Assurance Co., Chicago, Ill.	10 years to age 65	500.00 500.00
Mass. Casualty Boston, Mass.	10 years to age 65	500.00 500.00
Loyal Protective Life, Boston, Mass.	10 years to age 65	500.00 500.00
Monarch Life Insurance Co., Springfield, Mass.	10 years to age 65	500.00 500.00

* Accident benefits begin the 31st day. First day accident not available.

• **Recurrent disability.** Some policies only cover *continuous* disabilities. So if you recover from an illness and then suffer a relapse, it will be considered a new disability. You must first go through another waiting period before benefits resume. With such a clause in your policy, you may hesitate to try and go back to work for fear that recurrences won't be covered. In a quality

DISABILITY INCOME POLICIES

All accident coverage is for life, and sickness coverage as listed. Variations in length and commencement of protection are available within each company.

PREMIUM PER \$100/month	NOTES AND OBSERVATIONS
\$ 88.00	Partial disability automatically included
103.58	
84.25	Partial optional, included at cost of \$11.75. Pays dividends
92.40	
77.70	Includes partial for accident only, at premium of \$3.70
101.80	
80.30	Includes partial at premium of \$10.00 which is optional
83.20	
90.05	Includes partial. Licensed in all states
101.13	
97.00	Includes partial and some dismemberment benefits
110.00*	
65.40	Includes partial. Accidental death and dismemberment available as optional extra
77.20	
73.60	Includes partial. Accidental death and dismemberment available as optional extra
82.00	

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policy, you have to go through another waiting period only if the relapse occurs more than six months after you return to work.

How does your disability income policy stack up on the basis of the above standards? I hope you take out your policy and see. When you do, the chances are good that at least one of your policies will be a group contract, bought through the auspices of your dental society. Thousands of dentists have bought these in recent years. How do they, in particular, rate?

The first thing to be said for them is that they're usually cheaper than any individual pol-

icy you could buy. And, in general, you get your money's worth—good coverage, but not the best available. Your group policy probably won't contain any of the twilight provisions, such as the accidental means test or the house confinement clause. But in two critical ways, your group policy does not measure up to the ideal.

Premiums Can Be Raised

In the first place, the premiums on the policy can be raised. In some contracts, the premiums go up automatically the older you get. And in *every* group policy, the company has the right to raise the level of premium rates for everybody.

The possibility of that happening is far from remote. No insurance company will operate at a loss if it can help it. Group insurance rates for professional societies have often been raised when losses exceeded expectations, or when the average age of the group increased after the passage of time.

In the second place, no group policy is truly non-cancellable. The company can always drop the entire group. That doesn't happen often, but it *has* hap-

To Tell the Truth

Never mind wiping that grin off your face, Doctor. Just give the rest of us a chance to chuckle, too. You send in the facts; we mail you a bit of pocket money (if your anecdote appears in DM). Address: DENTAL MANAGEMENT, Ridgeway Center Bldg., Stamford, Conn.

pened. And if you stop practicing dentistry or leave the society sponsoring the plan, your policy may be cancelled individually while all the others in the group remain in force.

Treat as Supplement

Group disability insurance can be a useful and valuable adjunct to your family's security. But it simply doesn't offer the iron-clad guarantees of a first-rate individual non-cancellable policy. So treat group disability insurance as a supplement for your own individual policy, not a substitute for it.

And speaking about supplements, there are two other low-cost ways to beef up your disability income protection to the level you need.

The first is disability income riders to your life insurance. You can add such a rider to any National Service Life Insurance policy, and to many private policies as well. Benefits are usually limited to \$100 or \$200 a month, but the income continues to age 65.

The second is overhead insurance.* Such policies run for only a year or two, and cover only

your fixed office expenses. But they'll free your other scarce insurance dollars from that onerous burden.

On page 48 you'll see a sampling of some of the top-flight disability income policies, meeting all the standards mentioned in this article. Of course, many other fine policies are available. *Pick carefully.* Many inadequate, temporary, or downright deceptive policies are also on the market.

END

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* See "Want to Buy Overhead Protection?", DM, June 1961, page 12.

Risks You Run With Hypnosis

(Continued from page 19)

danger, and probably less, than any other modality used in dentistry or medicine today." But he added that the unscrupulous or disturbed patient can involve a dentist in "a costly and very embarrassing situation, the innocent victim in a suit for criminal assault. That such an embarrassment can happen is proved by the fact that it *has* happened."

How to protect yourself against such a situation? If you are going to use hypnosis in your practice, here are the eight precautions you should consider:

1. *Obtain formal consent to hypnosis.* Get this in writing in advance. Where the patient suggested the hypnosis, include this fact.

2. *Have a witness present or within hearing distance,* not only at the start of the hypnosis but remaining until patient is brought out of hypnosis. When patient is a woman, the witness should be female also.

3. *Make no hypnotic suggestion not professionally related to*

dental work. Do not help the patient with his habits, worries, or foibles, unless they pertain directly to the dental problem.

4. *Take a case history to make sure the patient is "normal."* Your questions should include past or present illnesses, past or present use of tranquilizers, sedatives, "nervous" disorders requiring special or psychiatric care, etc.

5. *Have a tape recording of the hypnosis procedure made.* It could be excellent evidence in the event of a malpractice suit or might deter the suit.

6. *Have a psychologist or psychiatrist do the actual hypnotizing if you, yourself, are not fully qualified.* This might be unwieldy and seem impractical. But with a difficult patient who can be treated no other way, hypnosis may be worth the trouble and expense.

7. *Never use hypnosis socially.*

8. *Ask your professional liability insurance broker* what qualifications you must have to be covered when using hypnosis. Ask him to keep you informed of changes that may later be made in the hypnosis clause.

END



CONTROL THAT CASH!

There's money floating all over your office. Here's how to make sure it settles where it should

BY WILBURN L. McCLURE, JR.

EMBEZZLERS are made; not born. I've known several dentists who were experts at turning honest people into crooks.

How? By placing temptation before them.

I've never yet heard of an employe who went to work for a dentist with the intention of stealing money. But one day she runs a little short, borrows some

office cash, and repays it as soon as she can. She notices, though, that no one discovered her unauthorized loan.

The next time she borrows a little more. Then, sooner or later, she stops bothering to pay it back. The man who made it all possible—the dentist—is at least as much to blame as his erring assistant.

Of course, the great majority

The author heads the Baltimore office of Professional Business Management, Inc.

CONTROL THAT CASH!

of assistants are thoroughly dependable. But there are occasional exceptions, and always they seem to be the most trusted.

How to prevent embezzlement? You can't. There's no way in the world to keep a determined hand out of the till. But you can make embezzlement as difficult as possible. And you can set up controls so that it can't continue for long. Here are the most sensitive areas in your office, and the controls you should apply:

1. *Accounts receivable*. This is where most of the money floats around in your office, and the place your controls should be the tightest. Most patients pay by check—fortunately. Cash is more difficult to control.

Most embezzlements involving accounts receivable follow a familiar pattern. The employee receives a payment in cash, pockets it, and marks the bill as a "charge" on the patient's account card. That way, the day's cash receipts square with the daily log. Some weeks later, the patient's account card is altered to show the fee has been paid, so that the person isn't billed a second time for it.

The best way to prevent that

is with a "cash receipts" book. Every time a patient pays cash he's given a receipt, stating the amount, date, the patient's name, and *signed by the person receiving the money*. The receipts should be made out in duplicate, the original for the patient and the carbon for your permanent record.

What if the patient doesn't want a receipt? Fill one out anyway. Contrary to popular belief, the receipt isn't for the patient's protection. It's for yours. It's proof that the money was received in your office, and proof of *who* received it and when.

One person only should have the responsibility of keeping the cash receipts book. Except in emergencies, no one else should tamper with it.

Every month or so you should—or must—run a spot check to make sure your system is operating properly. Pick one day at random and review all the transactions for that day. Compare the names in your appointment book against the cash receipts issued. And then match the receipts against the patient record cards and your daily log, and the bills that are finally sent out. For each name in your appointment

book, you should find either a check in payment, a cash receipt, or a bill at the end of the month. If anything is awry, you'll soon spot it.

2. *Petty cash.* This sounds like small change, but more trouble starts here than in any area I know. In some offices, the petty cash box is used to pay for tips to delivery boys, carfare, change for patients, parking meters, well, you name it. Pretty soon the doctor dips into it to pay for his lunches, and after a while the office staff starts doing the same.

The petty cash fund should have but one purpose: to pay ordinary and necessary business expenses up to a predesignated amount. For every nickel you take out of the box, you must drop in a receipt describing the purpose of the withdrawal. And

like the cash receipts book, only one person besides you should have the right to touch or open the petty cash box.

At all times, your petty cash plus the receipts in the box should add up to the same fixed total; \$25 is a nice round figure. If the cash in the box drops down to, say, \$2.16, you draw a check for \$22.84 to replenish it.

The most common petty cash mistake is to draw just another \$25 check when the cash gets low. That way you never know how much money you have in the box. Once I checked out a \$25 petty cash box and found it contained \$52.60 in cash plus \$8.65 worth of receipts.

3. *Check book.* Few dentists hand their checkbooks over to their assistants (without marrying them first). But there's al-

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CONTROL THAT CASH!

ways the possibility of a little forgery or check kiting.

Recently I spoke with a dentist who had let \$1,500 slip away via his checkbook. How did it happen? His assistant prepared all checks against the business account for the doctor's signature. She'd hike the bills from some of the supply houses. After the checks had been signed, she'd take them in person to the dealers for payment. For example, if a stationery bill read \$68.50, she'd raise it to \$88.50, and then collect \$20 in change

from the innocent dealer.

To avoid checkbook trouble, have your assistant tape all checks back to the original stubs. Number all bills with the check number and the date written. Then, every month or so, make a spot check to match the bills against the checks and the check stubs. And once in a while make a few phone calls to dealers to verify their bills.

4. *Postage.* The amounts involved here are small, but it's the easiest way cash can dribble away. One dentist I visited



"I'm not used to working on patients with Hemorrhoids."

sends about one hundred bills a month on the average. He estimated that he also mails about five reports and two personal letters a day. All told, he should have been using about 275 4-cent stamps a month—and that's being generous. But when I checked his petty cash box I found he'd been buying 400 stamps a month. That was \$60 slipping away each year.

The best way to control postage is through a postage meter. A check to the post office will load the meter with the postage you want, and it's difficult to abuse it. Or, it may help if you buy stamped envelopes, printed with your return address, from the post office. No one would borrow *those* to send out their personal Christmas cards.

Check your embezzlement exposure against the following list of precautions:

1. Review thoroughly the references of all new employees.
2. Periodically, have your books audited by an outside accountant.
3. Bond all employees that handle money.
4. Give signed receipts for all cash payments received. Keep a duplicate for yourself.

5. Fix responsibility for the handling of money. Only one person, other than yourself, should have responsibility for collecting *and* recording all cash.

6. Have all bank deposit slips made out in duplicate. The patient's name should be listed on the slip to the left of the amount of the check.

7. Spot check periodically. Remember, no system *prevents* embezzlement. At best, a good accounting system permits early detection.

END

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Attack Fear

Dear Sir:

Dental circles have been disturbed by the need for more funds for research, more personnel, and more schools to train more dental students for an "exploding" population. In the welter of statistics, one significant fact has been obscured: at least 60 per cent of the American people do not seek dental care at all!

The present dental discussions therefore seem analogous to the story of the three men who bought a movie theater. Two of the men argued whether the seats of the theater should be covered with chintz, leather, or velvet. The third man said quietly: "Gentlemen, first we'd better cover them with people."

If we are truly concerned with the dental health of the American people, our most urgent problem is to bring under our care that 60 per cent of our population which presently avoids dental services. Why don't people seek treatment? Every dentist knows the answer is fear.

Our crusade against dental disease will only have enough people behind it when we re-

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move and destroy the fear of pain. This is not to suggest that dentistry has done nothing about it. But the fear of pain has not been attacked on a scale commensurate with the size of the problem.

Amanda Safirstein, C.D.A.
South Orange, N. J.

Preventive Dentistry

Dear Sir:

I think your article, "Preventive Dentistry: A Waste of Time?" is superb. The article was based on the Survey of Dentistry in the United States, and I hope this induces more members of the profession to study its recommendations.

Byron S. Hollinshead, Director
Commission on the Survey of
Dentistry in the United States

Dear Sir:

Your article is very well written, but it covers only a part of a real preventive program. It

should also include patient education, particularly in the field of personal oral hygiene. Teaching people to brush and care for their teeth properly is probably the most rewarding experience and the best practice builder that I know.

Joel B. Glick, D.D.S.
Chicago, Ill.

Up the Income Ladder

Dear Sir:

Mrs. Winter favors—and teaches—the major killer of dentists: multiple chair hopping. Many years ago Dr. Carl Hayden Wood of Washington, D. C., made a remark during a practice-management panel that should be pounded into every dentist's head. The panel discussed who would do the most work—the man with one chair, two chairs, or several chairs. Pressed for an explanation of his statement that the man with one chair would do the most work, he replied, "It's very simple: he'll live longer."

L. M. Lucas, D.D.S.
Alexandria, Va.

Dear Sir:

Almost any dentist could make \$25,000 net a year if a lot of

"ifs," such as the vagaries of the business cycle, unemployment, the number of dentists in his community, etc., had no bearing on it. Unfortunately, these and related factors are the decisive ones, and not whether he has one or half a dozen operating rooms, does or doesn't "waste" five minutes between patients, uses or doesn't use a recall system, etc.

Eugene J. Bard, D.D.S.
Sayville, N. Y.

Perfect Place

Dear Sir:

I was amused at the article, "The Perfect Place to Practice." In all articles of this type it's assumed that a dentist is free to practice where he will. The facts don't bear this out.

There are many states in which failures of the state boards run as high as 60 per cent, in spite of the fact that our dental schools graduate competent dentists, the best in the world by any standard! We hear there's going to be a shortage of dentists. Our educators do not agree with this. There is simply a problem of distribution. Why do we assume

THE MAILBAG

that we are free to move about in this free land when we are not? How many dentists can practice in more than one state, with the state boards governed by economic czars who regulate the number of dentists who can practice in a given area?

Charles J. Thiel, D.M.D.
Dayton, Ky.

Federal Grants-in-Aid

Dear Sir:

The Panhandle District Dental Society voted unanimously to express their disapproval of the position taken by the American Dental Association with regard to Federal Grants-in-Aid to the states for funding dental health programs. . . . To solicit Federal funds, to build the "record of need," and to further the attitude of diminished personal responsibility will only work to the detriment of the patient and the dentist. Are we ready to trade in our unfettered dental educational facilities and our individual practice system for one which will place as the third party in control of dentistry a governmental bureaucracy? Let us decide *now!*

We urge all dentists to take a hard look at the world's experience with governmental medicine, and at the quality of foreign dentistry. Can't you see which course is consistent with the development of individual responsibility and the upward reach of man? It is time to decide if we want to open the door of collectivism in dentistry.

L. Caldwell Beckham, D.D.S.
Secretary
Panhandle District
Dental Society

Dear Sir:

My compliments on the excellent progress your magazine has made since its first issue in January of this year.

Almost every dentist's office I visit has a copy of your magazine neatly placed on the library shelf for future reference. This demonstrates that those who receive your magazine like it and value it as a permanent part of their practice.

Please continue the good work. I'll look forward each month to receiving your magazine.

Wilburn L. McClure, Jr.
Professional Business
Management, Inc.
Baltimore, Md.

When to Rent



a Postage Meter

BY DAVID L. WALL

YOU can rent a postage meter for your office for about \$18 to \$22 a quarter. Or, you can buy a machine for something like \$200.

Is a postage meter worthwhile for you? Here are the four major advantages it offers:

1. You have a perfect tax record of your postage expenses.

2. You always have the exact postage you need, without dashing to the post office. And you don't have to slap two 4-cent stamps on something that costs 6 cents to mail, just because you don't have a 2-cent stamp around.

3. Pre-stamped parcel post

packages get faster handling.

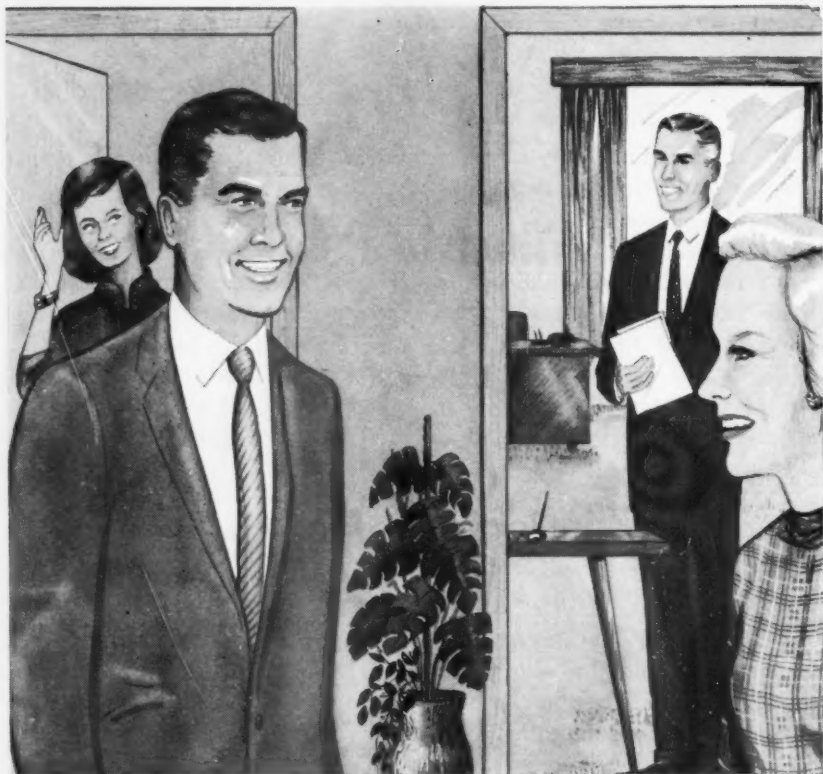
4. A meter cuts down the "borrowing" of stamps by an assistant or by the dentist next door.

It's hard to put a dollar value on those advantages. Mostly, you'll notice, they're a matter of convenience rather than dollar savings. So a postage meter is much more a luxury than a necessity for your office.

Naturally, the more mail you handle the more a postage meter can help you. As a rough rule of thumb, a meter is probably worthwhile if you send out more than six hundred pieces of mail a month. If you handle less, stick to stamps.

END

The author heads Professional Management Virginia, Richmond, Va.



Good morning, Doctor

It is a "good morning" when you can stride confidently down the hall, secure in the knowledge that community and profession look up to you. This stems from the feeling of accomplishment of doing the finest dentistry you are capable of doing; of rendering better service and more dentistry to your patients. Investigate PBP for yourself — it will benefit your patients, your practice and you.

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Page 17	The Bon Ami Company Bon Dent denture cleanser—Free Sample	<input type="checkbox"/>
Page 23	The Lemos Co. Lemostron Desensitizer	<input type="checkbox"/>
Page 27	Crookes-Barnes Laboratories, Inc. Les-Cav Fluoride Drops	<input type="checkbox"/>
	Les-Cav Patient Instruction Brochures	<input type="checkbox"/>
Page 31	Ordont Laboratories, Incorporated Orthodontic Appliances—Free Mailing Conven- iences	<input type="checkbox"/>
Page 35	The Hygienic Dental Manufacturing Co. PERM cold cure acrylic	<input type="checkbox"/>
Page 36	Lynd Brothers Dental Lab. Children's Appliances	<input type="checkbox"/>
Page 39	ALD, Inc. Coin-Operated Drycleaning Investment	<input type="checkbox"/>
Page 40	DENTAL MANAGEMENT Binders (\$2.50 each, with order)	<input type="checkbox"/>
Page 43	Stim-U-Dents, Inc. Stim-U-Dents—Free Samples	<input type="checkbox"/>
Page 47	Durma Products Co. Sed-a-dent Socket Dressing	<input type="checkbox"/>
Page 51	Stricker Dental Laboratory Striking Dental Craftsmanship	<input type="checkbox"/>
Page 55	Madison Fund Prospectus and Brochure	<input type="checkbox"/>
Page 57	Istel Fund Prospectus and Brochure	<input type="checkbox"/>
Page 62	Professional Budget Plan Professional Management Service	<input type="checkbox"/>
Page 63	Larchmont Investors, Inc. Investors Spot-Lite \$25.00 Tax Deductible	<input type="checkbox"/>
Inside Back Cover	Ultrasonics Industries, Inc. diSONtegrator Ultrasonic Cleaner	<input type="checkbox"/>

Name D.D.S.

Address

City Zone State

(Mail to Dental Management, Ridgeway Center Bldg., Stamford, Conn.)
(11-61)

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INC.

Ames Court, Engineers Hill,
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☐ Built-In-Timer
\$9.95 extra

**System 80
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☐ Desert Sand
☐ Pale Green
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☐ Soft Grey
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(optional)

TO: _____

Name _____

Address _____

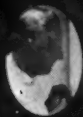
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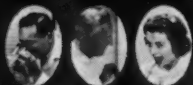
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